

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 811, JEFFERSON CITY, MO 65105-0811

MISSOURI STAMPED CIGARETTES SOLD TO MISSOURI RETAILERS/CONSUMERS SUBJECT TO CITY/COUNTY TAX

F-1 (REV. 11-2003)

MONTH OF		
	22	
	, 20	
LICENSE NUMBER		

INSTRUCTIONS: COMP	FTF A	A SEPARATE	SHEET FOR	FACH	CITY

WHOLESALER	CITY OR COUNTY SALES MADE IN

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@mail.dor.mo.gov.

You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

INVOICE DATE	INVOICE NUMBER	PURCHASER	STREET ADDRESS AND CITY	NUMBER OF CIGARETTES (BY PACKS)	
DATE	NOWBER			20s	25s
			PAGE TOTAL		
			TOTAL OTHER PAGES		
			GRAND TOTAL		

INVOICE DATE	INVOICE NUMBER	STREET ADDRESS AND CITY	NUMBER OF (BY P.	NUMBER OF CIGARETTES (BY PACKS)	
DATE	NUMBER		20s	25s	
			+		
			+		
		TOTAL THIS PAGE quest in alternative accessible format(s).	<u> </u>		